

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

00-033

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)-

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 450.32

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 522.79b. FFY 2001 \$ 2113.15

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 3, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

SAME (TN 00-03) Pending

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to restore the seven percent (7%)
reduction previously made in the reimbursement for laboratory and portable x-ray services.

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: The Governor does
not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

September 25, 2000

16. RETURN TO:

State of Louisiana
Department of Health and Hospitals
1201 Capitol Access Road
P.O. Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

OF 27-00

18. DATE APPROVED:

June 6, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Calvin G. Cline

21. TYPED NAME:

Calvin G. Cline

22. TITLE:

Associate Regional Administrator
Division of Medicaid and State Operation

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 4.19-B
Item 3., Page 1

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	<u>Medical and Remedial</u>	<u>Other Laboratory and X-ray Services in a Setting Other Than a</u>
42 CFR	Care and Services	<u>Hospital Outpatient Department or Clinic Are Reimbursed as</u>
450.32	Item 3.	<u>Follows:</u>

I. Method of Payment

A. Payment for laboratory services is made on the basis of the lower of:

1. billed charges; or
2. Eighty five percent (85%) of the State maximum amount (based on Medicare fee schedule) which was in effect as of July 6, 1995.

B. Payment for mobile X-ray services is made on the basis of a flat fee schedule (based on a range of 86%-92% above the fees for free-standing x-rays).

II. Standards for Payment

Payment as indicated above will be made for professional and technical services provided by an independent laboratory (other than a hospital outpatient department or clinic) which is qualified to participate under Title XVIII of the Social Security Act, or is currently determined to meet the requirements for such participation.

For obstetrical and pediatric laboratory codes and applicable rates, see Item 5.

STATE <u>Louisiana</u>	A
DATE REC'D <u>09-27-2000</u>	
DATE APP'VD <u>06-06-2001</u>	
DATE EFF <u>07-01-2000</u>	
HCFA 179 <u>LA-00-33</u>	

TN# 00-33 Approval Date 06-06-01 Effective Date 07-01-00
Supersedes
TN# 00-03